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AUG 06 2004
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08/09/04

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SFWS

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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/812,292	03/29/2004 FILE 22253-76137 FOR JUN 13 2004 DILWORTH PAXSON LLP DPP 22863CIP	Dennis E. Discher	22253-76137
27730 DILWORTH PAXSON LLP 3200 MELLON BANK CENTER 1735 MARKET STREET PHILADELPHIA, PA 19103			

CONFIRMATION NO. 2280
FORMALITIES LETTER



OC000000012904981

Date Mailed: 06/09/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

08/10/2004 MAHMED1 00000104 10812292

FILED UNDER 37 CFR 1.53(b)

01 FC:2051

65.00 OP

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - The drawings submitted to the Office are not electronically reproducible. Drawing sheets must be submitted on paper, which is flexible, strong, white, smooth, non-shiny, and durable (see 37 CFR 1.84(e)). See Figure(s) 2, 4, 8, 9, 13, 14, 16, 17, 19, 20,.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$65** for a Small Entity

- **\$65** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

*A copy of this notice **MUST** be returned with the reply.*

Tseyenba

**Customer Service Center
Initial Patent Examination Division (703) 308-1202**

PART I - ATTORNEY/APPLICANT COPY

PART 1 - ATTORNEY/APPLICANT COPY

Please type a plus sign (+) inside this box →

AUG 06 2004

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/812,292
		Filing Date 03/29/2004
		First Named Inventor Dennis E. DISCHER, et al
		Group Art Unit 1615
		Examiner Name TBA
Total Number of Pages in This Submission 1		Attorney Docket Number 22253-76137

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Drawing(s) – Figs. 2,4,8,9,13, 14,16,17,19,20 <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Response to Missing Parts; an executed Declaration for Inventors Discher & Ahmed; check for \$65; Return Postcard.
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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Evelyn H. McConathy, Reg. No. 35,279
Signature	
Date	August 6, 2004

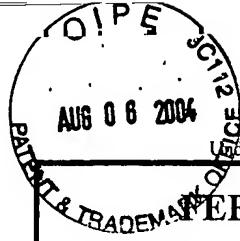
CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Express Mail Label No. EV223813595US in an envelope addressed to: Mail Stop MISSING PARTS, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on this date: August 6, 2004.

Typed or printed name	Debra A. Coccia	
Signature		Date: August 6, 2004

AUG 06 2004

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**EE TRANSMITTAL
for FY 2004**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$65.00)**METHOD OF PAYMENT** (check all that apply)*Complete if known*

Application Number	10/812,292
Filing Date	03/29/2004
First Named Inventor	Dennis E. DISCHER, et al
Examiner Name	TBA
Group Art Unit	1615

Attorney Docket No. 22253-76137

FEE CALCULATION (continued) Check Credit Card Money Order Other None Deposit Account:Deposit Account Number **50-0979**Deposit Account Name **Dilworth Paxson LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee required under 37 CFR 1.16 and 1.17
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65 Surcharge – late filing fee or oath	65
1052	50	2052	25 Surcharge – late provisional filing fee or cover sheet	
1053	130		Non-English specification	
1812	2,520		For filing a request for <i>ex parte</i> reexamination	
1804	920*		Requesting publication of SIR prior to Examiner action	
1805	1,840*		Requesting publication of SIR after Examiner action	
1251	110	2251	55 Extension for reply within first month	
1252	420	2252	210 Extension for reply within second month	
1253	950	2253	475 Extension for reply within third month	
1254	1,480	2254	740 Extension for reply within fourth month	
1255	2,010	2255	1,005 Extension for reply within fifth month	
1401	330	2401	165 Notice of Appeal	
1402	330	2402	165 Filing a brief in support of an appeal	
1403	290	2403	145 Request for oral hearing	
1451	1,510		Petition to institute a public use proceeding	
1452	110	2452	55 Petition to revive – unavoidable	
1453	1,330	2453	665 Petition to revive – unintentional	
1501	1,330	2501	665 Utility issue fee (or reissue)	
1502	470	2502	235 Design issue fee	
1503	630	2503	315 Plant issue fee	
1460	130		Petition to the Commissioner	
1807	50		Processing fee under 37 CFR 1.17(q)	
1806	180		Submission of Information Disclosure Stmt	
8021	40		Recording each patent assignment per property (times number of properties)	
1809	770	2809	385 Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385 For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385 Request for Continued Examination (RCE)	
1802	900		Request for expedited examination of a design application	

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$65**2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE**

				Fee from below	Fee Paid
Extra Claims					
Total Claims	*	-**	=	0 X *	= \$0
Independent Claims	*	-**	=	0 X *	= \$0
Multiple Independent			+ 290/145=	\$	

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$0

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete (if applicable)

Name (Print/Type)	Evelyn H. McConathy	Registration No.: (Attorney/Agent)	35,279	Telephone	(215) 575-7000
Signature	<i>Evelyn H. McConathy</i>			Date	August 6, 2004